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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/004,791 12/07/2001 PAT 6,680,177

PL(OK)

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

PL(none)

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 6	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>PL</i>		
Verified and Acknowledged				

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## TITLE

Low molecular weight heparin assay, system and reagent therefor

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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